

MEDICARE

A/B MAC Jurisdiction M

Letter Number: 24643209

Date: 03/20/2019

DALCON HEALTH SERVICES INC 16943 DUSTY MILL DRIVE EAST SUGAR LAND, TX 774984804

INITIAL REQUEST

RE: Part A Claims Accounts Receivable Overpayment Amount: \$209,857.12 Outstanding Balance: \$209,857.12 Provider Number: 747602-1104153600

Dear Sir/Madam:

Claims adjustments were entered in our system under provider DALCON HEALTH SERVICES INC. Additional adjustments were made to the claims, and a balance in the amount of \$209,857.12 has been outstanding for 60 days. As this amount has not been recouped through claims submission, the purpose of our letter is to request that this amount be repaid to our office. The attached documentation explains how this happened.

Why you are responsible:

You are responsible for following correct Medicare filing procedures and must use care when billing and accepting payment. You are responsible for repayment in this matter based upon one or both of the following criteria:

- 1. You billed and/or received payment for services for which you should have known you were not entitled to receive payment. Therefore, you are not without fault and are responsible for repaying the overpayment amount.
- 2. You received overpayments resulting from retroactive changes in the Medicare Physician Fee Schedule and/or changes mandated by legislation.

If you dispute this determination, please follow the appropriate appeals process listed below. Please be aware that you may appeal all of the claims from this overpayment demand letter or any part of the claims. (Applicable authorities: section 1870(b)(c) of Social Security Act; subsection 405.350 - 405.359 of Title 42, subsection 404.506 - 404.509, 404.510a and

Palmetto GBA, LLC

2300 Springdale Drive, Camden, South Carolina 29020 www.PalmettoGBA.com/Medicare



Page 2

Date: 03/20/2019

Letter Number: 24643209

404.512 of Title 20 of the United States Code of Federal Regulations.)

Rebuttal Process:

Under the existing regulations 42 CFR section 405.374, providers and other suppliers will have 15 days from the date of this demand letter to submit a statement of opportunity to rebut. A rebuttal is not intended to review supporting medical documentation nor disagreement with the overpayment decision. A rebuttal should not duplicate the redetermination process. This is not an appeal of the overpayment determination. We will review your rebuttal documentation and determine whether the facts justify ceasing the recoupment or offset. Our office will advise you of our decision 15 days from the mailroom-stamped receipt date of your request.

Interest Assessment:

If you do not pay the full amount in 30 days, in accordance with 42 CFR 405.378, simple interest at the rate of 10.75 % will be charged on the unpaid balance of the overpayment, beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment, interest will continue to accrue on the remaining principal balance, at the rate of 10.75 %. In addition, please note that Medicare rules require that payment be either received in our office by 04/18/2019 United States Postal Service Postmark by that date for the payment to be considered timely. A metered mail postmark received in our office after 04/18/2019 will cause an additional month's interest to be assessed on the debt.

Payment by Recoupment:

If payment in full is not received immediately, payments to you can be recouped (recoupment) until payment in full is received if you haven't submitted an acceptable ERS request.

Make a payment or arrange for payments:

What you should do:

Please return the overpaid amount to us by 04/18/2019 and no interest will be assessed: We request that you refund this amount in full.

Make the check payable to Medicare Part A and send it with a copy of this letter to:

Palmetto GBA, LLC P.O. Box 100277 Columbia, SC 29202

If you are unable to refund the entire amount at this time, advise this office immediately, with a

Page 3

Date: 03/20/2019

Letter Number: 24643209

request for an **Extended Repayment Schedule (ERS)** so that we may determine if you are eligible for one. Any repayment plan (where one is approved) would run from the date of the ERS review approval date.

You can visit our website at www.PalmettoGBA.com/Medicare for the ERS Request instructions.

You may contact this office for information on how to fax your request.

If you wish to appeal this decision:

If you disagree with this overpayment decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claims. The first level of appeal is called a redetermination. You must file your request for a redetermination 120 days from the date of this letter. Unless you show us otherwise, we assume you received this letter within 5 days of the date of this letter.

Please send your request for redetermination to:

Palmetto GBA, LLC - APPEALS REDETERMINATION Attn: JM Medicare Part A Appeals, AG-630 PO Box 100238 Columbia, SC 29202-3238

Medicaid Offset:

If this matter is not resolved, CMS may instruct the Medicaid State Agency to withhold the Federal share of any Medicaid payments that may be due you or elated facilities until the full amount owed Medicare is recouped; Title 42 CFR, section 447.30(g). These recoveries will be in addition to any recoupments from other Medicare funds due you until the full amount owed to Medicare is recovered.

Right to Inspect Records Prior to Referral to Treasury:

In the event an Intent to Refer (ITR) letter is sent, you have the right to inspect and copy all records pertaining to your debt. In order to present evidence or review the CMS records, you must submit a written request to the address below. Your request must be received within 60 calendar days from the ITR letter date. In response to a timely request for access to CMS' records, you will be notified of the location and time when you can inspect and copy records related to this debt. Interest will continue to accrue during any review period. Therefore, while review is pending, you will be liable for interest and related late payment charges on amounts not paid by the due date identified above.

For Individual Debtors Filing a Joint Federal Income Tax Return:

Page 4

Date: 03/20/2019

Letter Number : 24643209

The Treasury Offset Program automatically refers debts to the Internal Revenue Service (IRS) for Offset. Your Federal income tax refund is subject to offset under this program. If you file a joint income tax return, you should contact the IRS before filing your tax return to determine the steps to be taken to protect the share of the refund, which may be payable to the non-debtor spouse.

For Debtors that Share a Tax Identification Number(s):

Section 1866(j)(6) of the Social Security Act authorizes the Secretary of Health and Human Services (the Secretary) to make any necessary adjustments to the payments of an applicable provider or supplier who shares a TIN with an obligated provider or supplier, one that has an outstanding Medicare overpayment. The Secretary is authorized to adjust the payments of such a provider or supplier regardless of whether it has been assigned a different billing number or National Provider Identification Number (NPI) from that of the provider or supplier with the outstanding Medicare overpayment.

Federal Salary Offset:

If the facility ownership is either a sole proprietorship or partnership, your individual salary(s) may be offset if you are, or become, a federal employee.

If you have filed a bankruptcy petition:

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy, please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:

Part A - Hospice: 855-696-0705

We look forward to hearing from you shortly.

Sincerely,

Medicare Part A Recovery Unit Palmetto GBA, LLC

Letter Number: 24643209

Invoice Number: 2017237AG

Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
21715301919604T87		Not Available	03/25/2017	05/23/2017	\$1,656.73	06/16/2017	1104153600	\$1,656.73
Sub_Total						,		\$1,656.73
21716501249304T87		Not Available	03/31/2017	05/29/2017	\$1,788.22	06/28/2017	1104153600	\$1,788.22
Sub_Total								\$1,788.22
21718000163704T87	V Bridge	Not Available	04/24/2017	06/22/2017	\$2,671.70	07/17/2017	1104153600	\$2,671.70
Sub_Total								\$2,671.70
21718000169904T87		Not Available	04/26/2017	06/24/2017	\$1,995.44	07/13/2017	1104153600	\$1,995.44
Sub_Total						-		\$1,995.44
21718000177604T87	H	Not Available	04/21/2017	06/19/2017	\$3,605.14	07/14/2017	1104153600	\$3,605.14
Sub_Total								\$3,605.14
21718000188904T87	S	Not Available	04/29/2017	06/27/2017	\$2,406.96	07/13/2017	1104153600	\$2,406.96
Sub_Total								\$2,406.96
21718000209704T87	T	Not Available	04/29/2017	06/27/2017	\$2,031.69	07/13/2017	1104153600	\$2,031.69
Sub_Total								\$2,031.69
21718000214904T87	A	Not Available	04/19/2017	05/09/2017	\$1,656.73	07/13/2017	1104153600	\$1,656.73
Sub_Total								\$1,656.73
21718803305204TD6	A. C.	Not Available	05/06/2017	05/19/2017	\$406.75	07/14/2017	1104153600	\$406.75
Sub_Total								\$406.75
21719301532104T87	m L	Not Available	05/02/2017	06/30/2017	\$1,788.22	07/26/2017	1104153600	\$1,788.22

Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
Sub Total								\$1,788.22
21719301544704T87	W	Not Available	05/10/2017	06/24/2017	\$2,776.56	07/26/2017	1104153600	\$2,776.56
Sub_Total								\$2,776.56
21719301557804T87	W	Not Available	05/06/2017	07/04/2017	\$2,031.69	07/26/2017	1104153600	\$2,031.69
Sub_Total								\$2,031.69
21720000775604T87	M	Not Available	03/28/2017	05/26/2017	\$1,656.73	08/02/2017	1104153600	\$1,656.73
Sub Total								\$1,656.73
21720000808404T87	W	Not Available	03/27/2017	05/25/2017	\$1,608.16	08/02/2017	1104153600	\$1,608.16
Sub_Total								\$1,608.16
21721902414904T87	L Q	Not Available	05/24/2017	07/22/2017	\$1,656.73	08/21/2017	1104153600	\$1,656.73
Sub_Total					•	-		\$1,656.73
21721902476304T87	a 	Not Available	05/30/2017	07/28/2017	\$1,788.22	08/21/2017	1104153600	\$1,788.22
Sub_Total								\$1,788.22
21721902500404T87	Parameter Williams	Not Available	05/26/2017	07/24/2017	\$1,608.16	08/21/2017	1104153600	\$1,608.16
Sub_Total								\$1,608.16
21721902515604T87	W W	Not Available	05/27/2017	07/25/2017	\$1,656.73	08/21/2017	1104153600	\$1,656.73
Sub_Total		- Andrews - Company - Comp						\$1,656.73
21722001560904T87	B	Not Available	06/07/2017	08/05/2017	\$1,824.47	08/22/2017	1104153600	\$1,824.47
Sub_Total								\$1,824.47
21725101913304T87	Poort B	Not Available	07/01/2017	08/29/2017	\$1,788.22	09/25/2017	1104153600	\$1,788.22

Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
Sub Total								\$1,788.22
21725101955804T87	S S	Not Available	06/28/2017	08/26/2017	\$2,031.69	09/22/2017	1104153600	\$2,031.69
Sub Total								\$2,031.69
21725101958804T87		Not Available	06/25/2017	08/23/2017	\$1,995.44	09/22/2017	1104153600	\$1,995.44
Sub Total								\$1,995.44
21725101968304T87	VECTOR	Not Available	06/23/2017	08/21/2017	\$1,788.22	09/22/2017	1104153600	\$1,788.22
Sub Total								\$1,788.22
21725101981804T87		Not Available	06/28/2017	08/26/2017	\$2,031.69	09/25/2017	1104153600	\$2,031.69
Sub Total								\$2,031.69
21725401546004T87	W	Not Available	07/05/2017	09/02/2017	\$2,031.69	09/25/2017	1104153600	\$2,031,69
Sub Total		1						\$2,031.69
21727503997904T87	M	Not Available	07/20/2017	09/17/2017	\$1,739.90	10/17/2017	1104153600	\$1,739.90
Sub Total								\$1,739.90
21729101660404T87	A	Not Available	07/20/2017	08/18/2017	\$3,549.11	11/01/2017	1104153600	\$3,549.11
Sub Total								\$3,549.11
21729101661004T87		Not Available	07/23/2017	09/20/2017	\$1,656.73	11/01/2017	1104153600	\$1,656.73
Sub Total								\$1,656.73
21729101661304T87	Received.	Not Available	07/25/2017	09/22/2017	\$1,656.73	11/01/2017	1104153600	\$1,656.73
Sub Total								\$1,656.73
21729101662304T87		Not Available	07/26/2017	09/23/2017	\$1,656.73	11/01/2017	1104153600	\$1,656.73

Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Overpaid
Sub Total								\$1,656.73
21730401580204T87	M	Not Available	08/07/2017	10/05/2017	\$3,483.40	11/21/2017	1104153600	\$3,483.40
Sub Total								\$3,483.40
21730601748604T87	N BETTER	Not Available	08/22/2017	10/20/2017	\$1,739.90	11/16/2017	1104153600	\$1,739.90
Sub Total		- Printer Company						\$1,739.90
21730601753604T87	J. S. L.	Not Available	08/27/2017	10/12/2017	\$2,977.15	11/21/2017	1104153600	\$2,977.15
Sub_Total								\$2,977.15
21730601759204T87		Not Available	08/24/2017	10/22/2017	\$1,995.44	11/16/2017	1104153600	\$1,995.44
Sub_Total								\$1,995.44
21732001211804T87	Recent	Not Available	07/22/2017	09/19/2017	\$2,126.89	12/04/2017	1104153600	\$2,126.89
Sub_Total								\$2,126.89
21732001284904T87	H.B.B.	Not Available	08/30/2017	10/28/2017	\$1,788.22	12/04/2017	1104153600	\$1,788,22
Sub Total								\$1,788.22
4T87	W	Not Available	09/03/2017	11/01/2017	\$2,031.69	12/04/2017	1104153600	\$2,031.69
Sub_Total								\$2,031.69
21732001328904T87	0	Not Available	09/22/2017	10/24/2017	\$1,739.90	12/04/2017	1104153600	\$1,739.90
Sub_Total								\$1,739.90
21732001335604T87		Not Available	07/29/2017	09/26/2017	\$1,788.22	12/05/2017	1104153600	\$1,788.22
Sub_Total								\$1,788.22
21733102001504T87	A	Not Available	09/28/2017	11/26/2017	\$3,989.28	12/11/2017	1104153600	\$3,989.28
Sub Total		TANKS TO THE TANKS						\$3,989.28

Provider No. Amount Overpaid	1104153600 \$1,656.73	\$1,656.73	1104153600 \$1,608.16	\$1,608.16	1104153600 \$912.36	\$912.36	1104153600 \$2,126.89	\$2,126.89	\$2,126.89 1104153600 \$1,656.73										
Paid Date Prov	12/11/2017 110		12/11/2017 110		12/04/2017 110	•	01/02/2018 110		01/02/2018 110										
Original Pa Claim Amount	\$1,656.73 12		\$1,608.16		\$912.36		\$2,126.89 0		\$1,656.73 0										
Service Date To	11/22/2017		11/21/2017		11/19/2017		11/18/2017		11/19/2017	11/19/2017	11/19/2017	11/19/2017	11/19/2017	11/19/2017	11/19/2017 11/25/2017 12/19/2017	11/19/2017 11/25/2017 12/19/2017	11/19/2017 11/25/2017 12/19/2017 12/17/2017	11/19/2017 11/25/2017 12/19/2017 12/17/2017	11/19/2017 11/25/2017 12/19/2017 12/17/2017 12/04/2017
Service Date From	09/24/2017		09/23/2017		11/19/2017		09/20/2017		09/21/2017	09/21/2017	09/21/2017	09/21/2017	09/21/2017	09/21/2017	09/21/2017	09/21/2017 09/27/2017 10/21/2017	09/21/2017 09/27/2017 10/21/2017 10/19/2017	09/21/2017 09/27/2017 10/21/2017 10/19/2017	09/21/2017 09/27/2017 10/21/2017 10/19/2017 10/06/2017
Patient No.	Not Available		Not Available		Not Available		Not Available		Not Available	Not Available	Not Available Not Available	Not Available Not Available	Not Available Not Available Not Available	Not Available Not Available Not Available	Not Available Not Available Not Available	Not Available Not Available Not Available	Not Available Not Available Not Available Not Available	Not Available Not Available Not Available Not Available	Not Available Not Available Not Available Not Available Not Available
Beneficiary Name	W W		R.W.		ш ∑		Be Market			A LANGE OF THE PARTY OF THE PAR									
Claim No.	21733102004604T87	Sub Total	21733102006904T87	Sub_Total	21733102040404787	Sub_Total	21734800836204T87	Sub_Total	Sub_lotal 21734800850304T87	Sub_Total 21734800850304T87 Sub_Total	Sub_Total 21734800850304T87 Sub_Total 21734800860604T87	Sub_Total 21734800850304T87 Sub_Total 21734800860604T87 Sub_Total	Sub_Total 21734800850304T87 Sub_Total 21734800860604T87 Sub_Total 21800401680504T87	Sub_Total 21734800850304T87 Sub_Total 21734800860604T87 Sub_Total 21800401680504T87	Sub_Total 21734800850304T87 Sub_Total 21734800860604T87 Sub_Total 21800401680504T87 Sub_Total	Sub_Total 21734800850304T87 Sub_Total 21800401680504T87 Sub_Total 21800401684904T87 Sub_Total	Sub_Total 21734800850304T87 Sub_Total 21734800860604T87 Sub_Total 21800401680504T87 Sub_Total 21800401687304T87	Sub_Total Sub_Total 21734800860604T87 Sub_Total 21800401680504T87 Sub_Total 21800401684904T87 Sub_Total 21800401684904T87 Sub_Total	Sub_Total Sub_Total 21734800850304T87 Sub_Total 21800401680504T87 Sub_Total 21800401684904T87 Sub_Total 21800401684904T87 Sub_Total 21800401687304T87

Fig. 8	Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
Not Available 10/26/2017 12/24/2017 \$2,406.58 02/02/2018 1104153600 \$	21801601672404T87		Not Available	10/29/2017	12/27/2017	\$1,788.22	01/30/2018	1104153600	\$1,788.22
Not Available 10/26/2017 12/24/2017 \$2,406.96 02/02/2018 1104153600 \$1	Sub Total								\$1,788.22
Men Miles Not Available 01/11/2018 \$1,812.40 01/23/2018 1104153600 \$	21801601681004T87		Not Available	10/26/2017	12/24/2017	\$2,406.96	02/02/2018	1104153600	\$2,406.96
Mont Available 01/11/2018 \$1,561.51 02/23/2018 1104153600 \$ Mot Available 11/22/2017 01/25/2018 \$1,561.51 02/23/2018 1104153600 \$ Mot Available 11/26/2017 01/24/2018 \$1,631.65 02/23/2018 1104153600 \$ Mot Available 11/20/2017 01/18/2018 \$1,631.65 02/23/2018 1104153600 \$ Mot Available 12/05/2017 01/18/2018 \$1,631.65 02/23/2018 1104153600 \$ Mot Available 12/05/2017 02/02/2018 \$1,385.74 03/07/2018 1104153600 \$ Mot Available 12/05/2017 12/21/2017 \$1,985.44 03/07/2018 1104153600 \$ Mot Available 12/05/2017 12/21/2017 \$1,985.44 03/07/2018 1104153600 \$ Mot Available 10/23/2017 12/21/2017 \$1,985.44 03/07/2018 \$1,04153600 \$ Mot Available 10/23/2017 12/21/2017 \$1,985.44 03/07/2018 \$1,04153600 \$ Mot Available 10/23/2017 12/21/2017 \$1,985.44 03/07/2018 \$1,04153600 \$ Mot Available 11/25/2017 12/21/2017 \$1,04153600 \$ Mot Available 11/25/2017 12/2017 \$1,04153600 \$ Mot Available 11/25/2017 12/21/2017 \$	Sub Total								\$2,406.96
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Not Available 11/22/2017 01/21/2018 \$1,561.51 02/23/2018 1104153600 \$1	Sub Total								\$1,812.40
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A Not Available 11/27/2017 01/25/2018 \$1,760.17 02/23/2018 1104153600 9 Jernal B Not Available 11/26/2017 01/24/2018 \$1,760.17 02/23/2018 1104153600 9 M S Not Available 12/05/2017 01/18/2018 \$1,631.65 02/23/2018 1104153600 9 D Not Available 10/23/2017 12/05/2017 12/21/2017 \$1,995.44 03/07/2018 1104153600	Sub Total								\$1,631.65
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D Not Available 11/26/2017 01/24/2018 \$1,760.17 02/23/2018 1104153600 P F Not Available 11/20/2017 01/18/2018 \$1,631.65 02/23/2018 1104153600 M S Not Available 12/05/2017 02/02/2018 \$2,382.79 02/23/2018 1104153600 D Not Available 10/23/2017 12/21/2017 \$1,995.44 03/07/2018 1104153600	Sub Total								\$1,760.17
P Not Available 11/20/2017 01/18/2018 \$1,631.65 02/23/2018 1104153600 M S Not Available 12/05/2017 02/02/2018 \$2,382.79 02/23/2018 1104153600 D Not Available 10/23/2017 12/21/2017 \$1,995.44 03/07/2018 1104153600	21804001728004T87		Not Available	11/26/2017	01/24/2018	\$1,760.17	02/23/2018	1104153600	\$1,760.17
P Not Available 11/20/2017 01/18/2018 \$1,631.65 02/23/2018 1104153600 M S Not Available 12/05/2017 02/02/2018 \$2,382.79 02/23/2018 1104153600 D D Not Available 10/23/2017 12/21/2017 \$1,995.44 03/07/2018 1104153600	Sub Total								\$1,760.17
M S Not Available 12/05/2017 02/02/2018 \$2,382.79 02/23/2018 1104153600 D Not Available 10/23/2017 12/21/2017 \$1,995.44 03/07/2018 1104153600	21804001729804T87	<u>a</u> .	Not Available	11/20/2017	01/18/2018	\$1,631.65	02/23/2018	1104153600	\$1,631.65
M S Not Available 12/05/2017 02/02/2018 \$2,382.79 02/23/2018 1104153600 D Not Available 10/23/2017 12/21/2017 \$1,995.44 03/07/2018 1104153600	Sub Total	-							\$1,631.65
D Not Available 10/23/2017 12/21/2017 \$1,995.44 03/07/2018 1104153600	21804001730604T87		Not Available	12/05/2017	02/02/2018	\$2,382.79	02/23/2018	1104153600	\$2,382.79
Description Not Available 10/23/2017 12/21/2017 \$1,995.44 03/07/2018 1104153600	Sub Total								\$2,382.79
	21805002123004T87		Not Available	10/23/2017	12/21/2017	\$1,995.44	03/07/2018	1104153600	\$1,995.44
	Sub Total								\$1,995.44

Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
21805201622104T87	D	Not Available	12/22/2017	02/19/2018	\$1,956.25	03/07/2018	1104153600	\$1,956,25
Sub Total		THE PARTY OF THE P						\$1,956.25
21805201623904T87	V	Not Available	12/20/2017	02/17/2018	\$2,273.21	03/07/2018	1104153600	\$2,273.21
Sub Total								\$2,273.21
21806702057504T87	O	Not Available	12/25/2017	02/22/2018	\$2,316.47	03/22/2018	1104153600	\$2,316.47
Sub Total								\$2,316.47
21806702058604T87		Not Available	12/28/2017	02/25/2018	\$1,760.17	03/23/2018	1104153600	\$1,760.17
Sub Total								\$1,760.17
21811701384704T87		Not Available	02/23/2018	04/23/2018	\$1,992.13	05/11/2018	1104153600	\$1,992.13
Sub Total								\$1,992.13
21811701384904T87	M	Not Available	02/03/2018	04/03/2018	\$3,353.19	05/11/2018	1104153600	\$3,353.19
Sub Total								\$3,353.19
21811701385004T87	Q.	Not Available	01/23/2018	03/23/2018	\$1,631.65	05/11/2018	1104153600	\$1,631.65
Sub Total								\$1,631.65
21811701385504T87		Not Available	01/22/2018	03/22/2018	\$1,631.65	0,5/11/2018	1104153600	\$1,631.65
Sub Total					**************************************			\$1,631.65
21811701385804T87	A	Not Available	01/26/2018	03/26/2018	\$1,760.17	05/11/2018	1104153600	\$1,760.17
Sub Total								\$1,760.17
21811701386204T87		Not Available	01/19/2018	03/19/2018	\$1,631.65	05/11/2018	1104153600	\$1,631.65
Sub Total	-							\$1,631.65
21811701386404T87	9 P	Not Available	01/25/2018	03/25/2018	\$1,760.17	05/11/2018	1104153600	\$1,760.17
	2							

Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
Sub Total								\$1,760.17
21812001670604T87	R	Not Available	01/21/2018	03/21/2018	\$1,561.51	05/14/2018	1104153600	\$1,561.51
Sub Total								\$1,561.51
21812901737904T87		Not Available	02/10/2018	04/10/2018	\$2,120.67	05/23/2018	1104153600	\$2,120.67
Sub Total								\$2,120.67
21814101522504T87	M	Not Available	03/23/2018	05/21/2018	\$1,631.65	06/04/2018	1104153600	\$1,631.65
Sub Total								\$1,631.65
21814101525304T87	Please Annual Control of the Control	Not Available	03/22/2018	05/20/2018	\$1,561.51	06/04/2018	1104153600	\$1,561.51
Sub Total								\$1,561.51
21814101528304T87	P	Not Available	03/20/2018	05/18/2018	\$1,631.65	06/04/2018	1104153600	\$1,631.65
Sub Total								\$1,631.65
21814101531104T87	R R	Not Available	03/24/2018	05/10/2018	\$1,631.65	06/06/2018	1104153600	\$1,631.65
Sub Total								\$1,631.65
21814101538704T87	W W	Not Available	03/12/2018	05/10/2018	\$2,173.63	06/04/2018	1104153600	\$2,173.63
Sub Total			,					\$2,173.63
21814901651504T87	AAA	Not Available	03/27/2018	05/25/2018	\$1,760.17	06/18/2018	1104153600	\$1,760.17
Sub Total								\$1,760.17
21814901673104T87	B C	Not Available	03/26/2018	05/24/2018	\$1,760.17	06/12/2018	1104153600	\$1,760.17
Sub Total								\$1,760.17
21815602097204T87	M. S.	Not Available	04/04/2018	06/02/2018	\$3,838.39	06/19/2018	1104153600	\$3,838.39

187	Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
Not Available O2/20/2018 \$1,956.25 O6/26/2018 1104153600 9	Sub Total								\$3,838.39
Not Available O4/11/2018 \$2,322.79 O6/26/2018 1104153600 \$2	21816301620304T87		Not Available	02/20/2018	03/31/2018	\$1,956.25	06/26/2018	1104153600	\$1,956,25
Not Available O4/11/2018 \$2,120.67 O6/26/2018 1104153600 Strain Not Available O4/19/2018 \$2,382.79 O6/26/2018 1104153600 Strain O4/19/2018 O4/19/2018 Strain O7/11/2018 Strain O7/11/2018 O6/22/2018 O6	Sub Total								\$1,956.25
Verification Not Available 02/18/2018 04/18/2018 \$2,382.79 06/26/2018 1104153800 \$ Verification Not Available 02/19/2018 06/17/2018 \$2,382.79 07/11/2018 1104153800 \$ Time Common Available 04/24/2018 06/22/2018 \$1,631.65 08/22/2018 1104153800 \$ Figure Not Available 05/22/2018 07/10/2018 \$1,631.65 08/22/2018 1104153800 \$ Jime Figure Not Available 05/11/2018 \$1,631.65 08/20/2018 1104153800 \$ Amage Not Available 05/29/2018 07/12/2018 \$1,631.65 08/20/2018 1104153800 Amage Amage Not Available 05/29/2018 07/12/2018 \$1,760.17 08/20/2018 1104153800	21816301651204T87		Not Available	04/11/2018	06/09/2018	\$2,120.67	06/26/2018	1104153600	\$2,120.67
V E Not Available 02/18/2018 64/18/2018 \$2,382.79 06/26/2018 1104153600 \$ 9 V E Not Available 04/19/2018 06/17/2018 \$2,382.79 07/11/2018 1104153600 \$ 9 T I Not Available 04/24/2018 06/22/2018 \$1,631.65 08/22/2018 1104153600 \$ 9 M M Not Available 05/11/2018 07/20/2018 \$1,631.65 08/20/2018 1104153600 \$ 9 M Not Available 05/11/2018 07/11/2018 \$1,631.65 08/20/2018 1104153600 \$ 1 M Not Available 05/11/2018 07/11/2018 \$1,631.65 08/20/2018 1104153600 \$ 1 A A A A A C </td <td>Sub Total</td> <td>The state of the s</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$2,120.67</td>	Sub Total	The state of the s							\$2,120.67
Mor Available O4/19/2018 \$2,382.79 O7/11/2018 1104153600 5	21816301655404T87		Not Available	02/18/2018	04/18/2018	\$2,382.79	06/26/2018	1104153600	\$2,382.79
Mot Available O4/19/2018 \$2,382.79 O7/11/2018 1104153600 State O7/20/2018 State O7/11/2018 O7/11/2018 O7/20/2018 State O7/20/2018	Sub Total								\$2,382.79
Table Not Available O4/24/2018 \$3,444.31 O7/11/2018 1104153600 S	21817200811704T87	\	Not Available	04/19/2018	06/17/2018	\$2,382.79	07/11/2018	1104153600	\$2,382.79
Not Available 04/24/2018 \$3,444.31 07/11/2018 1104153600 3 1 1	Sub Total								\$2,382.79
Not Available 05/22/2018 \$1,631.65 08/22/2018 1104153600 1	21817800907704T87		Not Available	04/24/2018	06/22/2018	\$3,444.31	07/11/2018	1104153600	\$3,444.31
Mariable 05/22/2018 \$1,631.65 08/22/2018 1104153600 107/20/2018 \$1,992.13 08/20/2018 1104153600 105/11/2018 05/11/2018 \$1,992.13 08/20/2018 1104153600 105/19/2018 07/17/2018 \$1,631.65 08/20/2018 1104153600 105/25/2018 07/23/2018 \$1,760.17 08/20/2018 1104153600 105/25/2018 07/24/2018 \$1,760.17 08/20/2018 1104153600 105/25/2018 07/24/2018 \$1,760.17 08/20/2018 1104153600 105/25/2018 1104153600 105/25/2018 1104153600 105/25/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 1104153600 105/26/2018 105/26/2018 1104153600 105/26/2018 105/20/2018 1	Sub Total								\$3,444.31
W Mot Available 05/11/2018 \$1,992.13 08/20/2018 1104153600 P Not Available 05/19/2018 07/17/2018 \$1,631.65 08/20/2018 1104153600 J Not Available 05/25/2018 07/23/2018 \$1,760.17 08/20/2018 1104153600 A A Not Available 05/26/2018 07/24/2018 \$1,760.17 08/20/2018 1104153600	21821802818904T87	Ш	Not Avallable	05/22/2018	07/20/2018	\$1,631.65	08/22/2018	1104153600	\$1,631.65
W M Not Available 05/11/2018 07/09/2018 \$1,992.13 08/20/2018 1104153600 Formation Not Available 05/19/2018 07/17/2018 \$1,631.65 08/20/2018 1104153600 Jenny B Not Available 05/25/2018 07/23/2018 \$1,760.17 08/20/2018 1104153600 A A A A Not Available 05/26/2018 07/24/2018 \$1,760.17 08/20/2018 1104153600	Sub Total								\$1,631.65
Not Available 05/19/2018 \$1,631.65 08/20/2018 1104153600	21821802822104T87	W	Not Available	05/11/2018	07/09/2018	\$1,992.13	08/20/2018	1104153600	\$1,992.13
Parameter Not Available 05/19/2018 07/17/2018 \$1,631.65 08/20/2018 1104153600 Jameler Not Available 05/25/2018 07/23/2018 \$1,760.17 08/20/2018 1104153600 Amaler Not Available 05/26/2018 07/24/2018 \$1,760.17 08/20/2018 1104153600	Sub_Total								\$1,992.13
Mot Available 05/25/2018 \$1,760.17 08/20/2018 1104153600 A A A A A A A Available 05/26/2018 07/24/2018 \$1,760.17 08/20/2018 1104153600	21821802825104T87	A.	Not Available	05/19/2018	07/17/2018	\$1,631.65	08/20/2018	1104153600	\$1,631.65
Mot Available 05/25/2018 \$1,760.17 08/20/2018 1104153600 A A A A A Available 05/26/2018 07/24/2018 \$1,760.17 08/20/2018 1104153600	Sub Total								\$1,631.65
A A A A Not Available 05/26/2018 \$1,760.17 08/20/2018 1104153600	21821802825804T87	J.	Not Available	05/25/2018	07/23/2018	\$1,760.17	08/20/2018	1104153600	\$1,760.17
A A A A Not Available 05/26/2018 07/24/2018 \$1,760.17 08/20/2018 1104153600	Sub Total								\$1,760.17
	21821802826804T87	А	Not Available	05/26/2018	07/24/2018	\$1,760.17	08/20/2018	1104153600	\$1,760.17
	Sub Total								\$1,760.17

Claim No.	Beneficiary Name	Patient No.	Service Date	Service Date To	Original Claim	Paid Date	Provider No.	Amount Overpaid
		Not Available	From	07/19/2018	Amount \$1,561.51	08/20/2018	1104153600	\$1,561.51
21821802827704187	W							
Sub Total								\$1,561.51
21 824802150704T87		Not Available	06/10/2018	08/08/2018	\$2,120.67	09/19/2018	1104153600	\$2,120.67
ictor 4								\$2,120.67
Sub_Fotal		Not Available	06/18/2018	08/16/2018	\$2,382.79	09/19/2018	1104153600	\$2,382.79
CHOCK TOTAL								\$2,382.79
Sub_rotal	A THE A	Not Available	07/25/2018	07/26/2018	\$135.04	09/26/2018	1104153600	\$135.04
1 +000000000000000000000000000000000000								\$135.04
SUD_I ULAI		Not Available	08/02/2018	08/27/2018	\$540.16	09/28/2018	1104153600	\$540.16
21826401431604167	Δ							\$540.16
Sub_l otal					00000	a FOC/CO/O7	1104153600	8796.69
21826801202604T87	я »	Not Available	09/18/2018	09/18/2018	\$796.69	10/02/2019	2000))
Sub Total								\$796.69
21 R26R01235204T87		Not Available	09/22/2018	09/22/2018	\$898.05	10/02/2018	1104153600	\$898.05
20001230204100								\$898,05
Sub_l otal		oldoliossa solv	07/24/2018	09/21/2018	\$1.760.17	10/10/2018	1104153600	\$1,760.17
21826901193304187		אסומשושאט ואסו						\$1,760.17
Sub_Total	•							# 601 BE
21826901206404T87	E	Not Available	07/21/2018	09/18/2018	\$1,631.65	10/10/2018	1104153600	41,631.60
Sub Total								\$1,631.65
21826901218004T87	T. W.	Not Available	07/20/2018	09/17/2018	\$1,561.51	10/10/2018	1104153600	\$1,561.51
LefoT 41.0								\$1,561.51
Sub_l otal								

Claim No.	Beneficiary Name	Patient No.	Service Date From	Service Date To	Original Claim Amount	Paid Date	Provider No.	Amount Overpaid
21826901257904T87	DOTES INDO	Not Available	07/21/2018	09/18/2018	\$2,137.74	10/10/2018	1104153600	\$2,137.74
Sub Total								\$2,137.74
21827601684404T87	\ 	Not Available	09/28/2018	09/28/2018	\$1,313.06	10/11/2018	1104153600	\$1,313.06
Sub Total								\$1,313.06
21828401594404T87		Not Available	06/23/2018	08/21/2018	\$1,992.13	10/25/2018	1104153600	\$1,992.13
Sub_Total								\$1,992.13
21829201561404T87	B B	Not Available	08/09/2018	10/07/2018	\$2,120.67	11/02/2018	1104153600	\$2,120.67
Sub_Total								\$2,120.67
21829201562004T87		Not Available	07/18/2018	09/15/2018	\$1,631.65	11/02/2018	1104153600	\$1,631.65
Sub Total		· · · · · · · · · · · · · · · · · · ·						\$1,631.65
21829201562904T87	8	Not Available	10/08/2018	10/08/2018	\$1,081.98	10/26/2018	1104153600	\$1,081.98
Sub Total								\$1,081.98
21830202182204T87	O	Not Available	10/21/2018	10/21/2018	\$1,016.40	11/05/2018	1104153600	\$1,016.40
Sub_Total								\$1,016.40
21832301892304T87		Not Available	11/18/2018	11/18/2018	\$998.09	11/29/2018	1104153600	\$998.09
Sub_Total								\$998,09
21832301970404T87	W W	Not Available	11/17/2018	11/17/2018	\$796.69	11/28/2018	1104153600	\$796.69
Sub Total								\$796.69
21832301994504T87		Not Available	11/15/2018	11/15/2018	\$832.48	11/28/2018	1104153600	\$832.48
Sub Total								\$832.48

Amount Overpaid	\$209,857.12
Original Paid Date Provider No. Claim Amount	\$
Paid Date	
1	
Service Date To	
Service Date From	
Patient No.	
Beneficiary Name	
Claim No.	Total

Reason for Overpayment:- This claim adjustment was done by the Fiscal Intermediary/Medicare Administrative Contractor (FI/MAC) to cancel the entire Home Health Episode.

Grand Total: \$209,857.12